

PLEASE SELECT THE APPROPRIATE CATEGORY

OFFICIAL USE ONLY

DATE PRINTS TAKE ON: _____

PRINTS TAKEN BY: _____

____ DISBURSEMENT RESIDENT ____ WOC ____ VOLUNTEER

____ COURTESY ____ FEE-BASIS ____ CONTRACTOR ____ REGULAR EMPLOYEE

COURTESY AND CONTRACTS PLEASE PROVIDE: SON _____ SOI _____

OFFICIAL POSITION TITLE _____

THE FOLLOWING INFORMATION IS REQUIRED TO SUBMIT YOUR FINGERPRINTS. HUMAN RESOURCES WILL TAKE YOUR FINGERPRINTS AS PART OF PROCESSING YOUR APPOINTMENT OR IN CONNECTION WITH THE REINVESTIGATION REQUIRED DUE TO THE RISK LEVEL ASSOCIATED WITH YOUR POSITION.

FULL LEGAL NAME _____
(LAST NAME) (FIRST NAME) (FULL MIDDLE NAME)

OTHER NAMES USED _____
(MAIDEN NAME)

UNITED STATES SSN _____ DOB _____

US STREET ADDRESS _____

(COMPLETE STREET ADDRESS)

CITY OF BIRTH _____ STATE OR COUNTRY OF BIRTH _____

COUNTRY OF CITIZENSHIP _____

FOR THE FOLLOWING SECTION, PLEASE USE THE BELOW CHART

GENDER _____ RACE _____

EYE COLOR _____ HAIR COLOR _____

HEIGHT _____ WEIGHT _____
(FEET, INCHES) (POUNDS)

CHART:

RACE:

A - ASIAN
B - AFRICAN AMERICAN
I - NATIVE AMERICAN
W - CAUCASIAN/LATINO

EYE COLOR:

BLK - BLACK BLU- BLUE
BRO-BROWN GRN- GREEN
GRY- GRAY HAZ - HAZEL

HAIR COLOR:

BLK - BLACK BAL - BALD
RED - RED/AUBURN
GRY- GRAY/PARTIALLY GRAY
BRO - BROWN
SDY - SANDY
WHI - WHITE
BLN - BLONDE/STRAWBERRY

TURN OVER FOR PRIVACY ACT STATEMENT

PRIVACY ACT STATEMENT

Solicitation of this information is authorized by sections 1304 (Loyalty Investigations) and 3301 (Civil Service) of title 5, U.S. Code; Executive Order 10450 (Security Requirements for Government Employment); or Public Law 82-298 (Authority for Conducting Certain Personnel Investigations). This information will be used to search the Federal Bureau of Investigation's fingerprint files in determining your fitness for Federal employment or security clearance. It may also be used for searches of other law enforcement agencies maintaining fingerprint files for the same purpose.

Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal government furnish a Social Security Number (SSN) or tax identification number. Furnishing any of the other Requested Information is voluntary. However, failure to furnish this information may result in your not being considered for employment or for a clearance. A false answer to any question on this form is punishable by law (title 18, U.S. Code, Section 1001).

PUBLIC BURDEN STATEMENT

We estimate the Public Burden for this collection of information is approximately five minutes per response. This includes time for reviewing the instructions, completing the form, and the actual fingerprinting.

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in black ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from schools, residential management agents, employers, criminal justice agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, and criminal history record information.

I Understand that, for some sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date.

I Authorize custodians of records and sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 85, and may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for two (2) years from the date signed.

| | | | | |
|--------------------------------|--|-----------------------------------|----------|--|
| Signature (Sign in ink) | | Full Name (Type or Print Legibly) | | Date Signed |
| Other Names Used | | | | Social Security Number |
| Current Address (Street, City) | | State | ZIP Code | Home Telephone Number (Include Area Code) () |